# KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, FEBRUARY 10, 1894. No. 6.

## ORIGINAL ARTICLES.

### Cystitis.

Read before the Golden Belt Medical Society at Abilene, Kansas, April 6, 1893,

By J. T. CURTIS, M.D., Dwight, Kansas.

This is one of the most common morbid affections of the bladder, and is the ordinary accompaniment of many other diseases and diseased conditions of the bladder.

EXCITING CAUSES.

Cystitis is caused by direct injury — pelvic fractures, surgical operations, obstetrical and gynecological procedures. I have known a case caused by pressure of the child's head. Also the cause of injury may be within, from a stone or a foreign body being introduced or irritating injections; also too long retention of the urine.

It is also caused by the irritating quality of the urine when altered by drugs or the result of fermentative processes, and when the urine is concentrated and contains crystals of uric acid or of oxalate of lime. Alkaline fermentation is the most common cause of all changes in the urine. This fermentation is due to the action of the micrococci urea. There must be first stagnation of the urine, then the introduction of the germs.

Cystitis may follow gonorrhœal inflammations, as also inflammations of the prostate gland, the vagina, pelvis of the kidney. Peritonitis and pelvic cellulitis. Cystitis caused by injuries of the nervous system or accompanying nervous diseases, is included in above, caused from stagnation and introduction of germs.

Cystitis is frequently seen in eruptive fevers, puerperal fevers, pyemia, septicæmia typhoid fevers and purulent bronchitis, and now and then in connection with rheumatism.

The most prominent clinical symptom is a frequent desire to urinate; next is pain. There is painful tenesmus, compelling constant straining effort. Pain before and at the end of micturition. This may be felt in the hypogastrium, perineum or end of the penis; but when severe, it is of a lancinating character, felt down the thighs, in back and testicles. When the pain is mainly in the hypogastrium, the body of the bladder is inflamed; when in the perineum or head of penis, the most intense inflammation is at the neck of the bladder. In acute general cystitis there is usually some fever and often in cystitis of the neck of the bladder, but no fever in chronic cystitis. Retention is rare, except in gonorrhœal cystitis. Cases of chronic cystitis in elderly persons, dependent upon causes that cannot be removed, run a very protracted course, and are now better and then worse; aggravated by any errors of diet or changes of the weather to stormy or over exercise, which light up inflammation time and again, each attack leaving the patient worse off than the previous one.

For information of the condition of the bladder in cystitis, we have to look to the urine. When the urine stands for a time, a deposit is seen, consisting of muco-pus with some flat epithelial cells. If the case is a mild one, the urine is but slightly cloudy; otherwise normal. When the cystitis is more severe, the urine is more turbid, and there will be found squamous epithelium and rounded cells from the deeper layers of the bladder mucous membrane. When alkaline fermentation supervenes, there is noticed, when the urine is boiled, a pungent ammoniacal smell that clings to everything in the

room, and the pus is ropy and adheres to the vessel. Now the urine becomes quite cloudy from the immense number of bacteria present. Ammoniacal urine causes the cell walls of the pus to swell, and finally dissolves the cell walls and also dissolves the tubular casts from the kidneys if any are present. This must be borne in mind when examining for coincident kidney disease. Blood corpuscles are similarly dissolved, and then the blood pigment gives a peculiar brown or smoky color to the urine, and sometimes a green color. Sometimes the blood is in spots or string-like coagulæ.

The crystals present in the urine, if acid, are uric acid or oxalated lime. If the urine is ammoniacal, the crystals are triple phosphate and urate of ammonia and amorphous phosphates in granular form.

When there is diphtheritic cystitis, discolored diphtheritic membrane may be seen in the urine. An excessively fetid urine denotes gangrenous cystitis.

Hypertrophy of the bladder is usual in long-continued and chronic cystitis. The hypertrophy may be eccentric with dilatation or concentric with contraction. Where the obstruction of the flow of urine is so great that the detrusor urinæ muscle is not sufficiently strong to empty the bladder, the urine may accumulate until there is dilatation. In such a case the bladder may be felt as a tumor reaching to the umbilicus. In this condition there may be nearly the usual amount of water passed, but it is really an overflow, leaving a residuum behind. The amount can be determined by using a catheter. When dilatation and retention have existed for some time, the muscular structures of the bladder lose their contractile power, and urination, as an act, ceases, the urine trickling away constantly.

### USE OF THE CATHETER FOR DISTENSION AND PARALYSIS.

In case of concentric hypertrophy or hypertrophy with contraction, caused by some obstruction to the flow of the urine (and this is the cause of contraction when accompanied by irritation), there may be seen constant efforts at micturition. This condition is soon followed by thickening of the muscular coat of the bladder with diminution of the cavity.

### HOW DIAGNOSED.

Interstitial cystitis is characterized by far more severe illness than catarrhal cystitis. A high fever, accompanied with chills; the bladder walls thickened and stiffened by infiltration, hindering contraction and consequent incomplete expulsion of urine. If in a case of this kind an abscess forms and breaks, the breaking is followed by bettering of all the symptoms. If the opening is into an intestine, the relief will soon be followed by serious symptoms if the contents of the intestine enter and infect the abscess cavity. Occasionally perforation takes place into the peritoneal cavity with speedily fatal results.

Krogius announced in November, 1890, the discovery of a certain form of bacillus in purulent urine, which he described and named "urobacillus liquefacieus septicus." This was followed in December, 1890, by an article from Schintzler claiming that he had verified the recognition of the bacillus in purulent urine. The bacillus is short; length three or four times the width, with rounded ends, and does not show sporulation. Injected into the bladder, it invariably caused an intense purulent cystitis. Bazy, April 3, 1890, says many cases of cystitis, said to be caused by cold or owing their origin to rheumatism, are really due to infection by germs. A patient, he says, having dental abscess, purulent bronchitis or a sub-preputial suppuration, is suddenly seized with vesical tenesmus, pollakiuria, pyuria, due to the passage into the bladder of masses of micro-organisms from the primary purulent focus. Roosing, April 26, 1890, regards cystitis as eminently of a micro-organismal affection, due to several forms of disease germs. He says that simple catarrhal cystitis is caused by a certain anærobic bacteria without pyogenic power, but that they cause the urine to become alkaline. He says bacteria may be introduced into the bladder by the urethra by means of a catheter or from the kidney or blood.

Godfrey quotes malaria as a frequent cause of irritability of the bladder. Belfield, 1890, lays stress upon the fact that cystitis, like jaundice, is a symptom rather than a definite disease. In support of this view he produces six cases in which the symptoms of cystitis depended: (1) tuberculosis of the testicles; (2) tuberculosis of the seminal vesicles and prostate; (3) hypertrophy of the prostate; (4) tuberculosis of the kidney; (5) hypertrophied prostatic ring; (6) chronic inflammation of the posterior part of the urethra and renal calculus.

The diagnosis of cystitis is usually easy if the symptoms are inquired for and the urine noticed.

Pure neuroses of the neck of the bladder, which may cause similar subjective symptoms, do not cause any change in the character of the urine. Pyelitis, which gives pus in the urine, is to be distinguished by the existence of nephritic symptoms and the presence in the urine of pear-shaped cells from the pelvis of the kidney and occasionally tubular casts from the cortex of the kidney. Cystitis occasionally occurs with pyelitis, so that we have the symptoms of the two diseases. Dr. Keys, of New York, says "the great trouble is to distinguish between bladder pus and kidney pus. They are very different. Kidney pus is heavy and cheesy—not flocculent; does not float around like bladder pus, but settles at the bottom of the vessel. Bladder pus is stringy. Urine containing bladder pus will quickly decompose. In pyelitis the pus will often come in urine that is over acid and will remain clear and acid for some days.

Urethritis may usually be distinguished by the presence of a urethral discharge. If the pus exudes from the meatus, it is almost conclusive evidence that the inflammation lies anterior to the bulbous portion.

If you suspect that the inflammation is of posterior urethra, you may wash out the anterior urethra and then have the patient urinate in two parts. Nearly all the pus will be found in that passed first, while the second portion will be fairly clear. If you suspect prostatic abscess or inflammation of the seminal vesicles, you may be able to settle the suspicion by causing the patient to pass his water in three parts. First let him pass about one-third, then with your finger in the rectum make intermittent pressure upon the seminal vesicles or prostate gland; in case of inflammation or abscess, you will find the pus in the second flow of urine. The first and third flow will be comparatively clear.

Bladder pus is usually stringy, of a dirty white or pinkish color; if not stringy, it is in the form of a granular deposit of a dirty white or pinkish color. There is no such thing as stringy mucous in urine. If there is an ulcerated spot in the bladder, caused by a stone or cancer, you may find a considerable amount of albumen with the pus, but usually the albumen is markedly present when the pus comes from the kidney. If the urine contains a lot of granular pus with one-half per cent. of albumen by weight, you may be very certain that you have a case of pyelitis.

A good plan to differentiate the parts inflamed is to wash out the bladder, then have your patient pass his water in two parts; each of these will be alike opaque. Then pass a soft catheter into the bladder, and if you find he has not been able to empty his bladder, you may be very sure of cystitis. Cystitis of the neck of the bladder alone may be diagnosed from general cystitis by the excessive character of the vesical tenesmus and by the presence of a few drops of blood squeezed out at the end of micturition.

The character of the urine gives valuable information as to the gravity and character of the cystitis.

Where shreds of tissue—mucous membrane—are present in the urine, croupous diphtheritic or gangrenous inflammation may be diagnosed.

Acute cystitis, primary or not depending on wounds, a stone in the bladder, nor upon chronic diseased conditions, will run a short course, and with proper treatment will recover in from ten to twenty days, and very rarely is the inflammation so severe as to threaten life.

Advanced age or a weak constitution with

any severity of cystitis render the prognosis doubtful.

When cystitis depends on a condition that cannot be removed, as tuberculous condition, cancer, enlarged prostate, etc., recovery cannot be expected, though by proper treatment and care there may be secured a considerable degree of comfort.

Very grave is the prognosis when croupous or diphtheritic or gangrenous conditions exist.

The means for treatment of cystitis are many and of much interest.

First is rest (and this should be absolute) in bed with the hips slightly raised. The constant spasmodic activity calls for full doses of some anodyne to lessen as much as possible the over excitability. A rectal suppository of morphine or opium with hyoscyamus or belladonna. As rectal absorption is slow, ofttimes it is well to give anodynes by the mouth also.

The treatment must be pushed to the controlling of the spasmodic pains, as they aggravate the condition of the patient, and the relief of the spasms has a really curative effect. Poultices or liniments over the hypogastrium or perineum will often have more good influence than warm hip baths. If a hip bath is given, it should be for a few minutes only—about five minutes—and as warm as can be borne. A longer time favors congestion of the pelvic organs and destroys any beneficial effects of the bath.

To modify the urine and quiet further the irritability of the bladder, much benefit will be gained by giving, four times a day, acid benzoic, grs. x; soda biboratis, grs. x; infusion buchu, ℥ i. This, with keeping the skin active and the bowels loose, will be all the treatment needed in simple acute cystitis. Citrate of potash in fifteen-grain doses with one ounce infusion buchu will often do as well as the first mentioned. If retention of urine exists, it must be relieved by the use of a catheter. Recovery from acute cystitis by careful treatment is usually complete. If, owing to neglect or from some unrelieved cause, cystitis is not soon relieved, but continues in a chronic form, other means of treatment must be used. Poulet insists on the benefit of hippurate of calcium in three teaspoonful doses of the syrup, given three times a day. Bryson, also Palmer, of Louisville, speak of use of salicylic acid with much satisfaction. Meynier mentions twenty-five cases, claiming decided benefit from the use of salicylate of sodium in hemorrhagic cystitis and cystitis of gonorrhœal origin. Dunstone reports a case of very obstinate cystitis of some years' duration, probably caused by vesical gravel. The treatment was by kava-kava in dram doses morning and evening with complete recovery. Wyman and Laval, 1890, recommend fluid extract pichi either in acute or chronic cystitis, but warn against its use if there is any renal disease. They recommend fluid extract pichi, ℥ i; nit. pot., ℥ i; syrup, ℥ iiss. Dose, dram every three hours. Rothrock speaks in high terms of this remedy, and also of rhus aromatica, ℥ ii; nux vomica, gtts. xvi; acid phosphate of calcium, ℥ i; orange syrup, ℥ i. Dose, one dram every three hours. Injections of iodoform into the bladder are warmly lauded by Garvey, Dame and Powell in cases of purulent cystitis. Caubet, in an extensive review of cystitis in women, considers the subject under the headings, "Urinary Antisepsis," "Medical Treatment," "Medical and Surgical Treatment," and "Surgical Procedures." After mentioning several remedies heretofore mentioned, he personally favors, first of all, salol in one-half dram doses daily, with douches of boric acid water 3-100, and disinfection of any instruments used.

At a recent meeting of the Kansas City Academy of Medicine, Dr. T. J. Beattie reported a number of cases of obstinate cystitis, cured by irrigation of the bladder with a solution of 1-1000 and 1-500 of blue pyoktanin twice daily with the happy result of affecting a cure in from one to three weeks. As early as the second day, marked improvement was noticed.

Strother speaks well of lithiated hydrangea and sanmetto in cystitis. Bartholow speaks well of eucalyptus. Dr. Sobinger, of Denver, Col., speaking of irrigation of the bladder in chronic cystitis in women, leaving out those cases resulting from the presence of

calculi, neoplasms or tuberculous deposits in the bladder, in which he says that irrigation will only prove an adjunct in mitigation of such conditions. He gives as causes of simple chronic cystitis in women: "Traumatism during labor, gonorrhœa, anteversion, anteflexion, traction by a prolapsed uterus, pelvic peritonitis and cellulitis, resulting in cicatricial bands, and irritation by long-standing lithæmia. In these cases, he says, diuretic and genito-urinary tonics have their place in therapeutics as adjuvants, but they are slow in their action on the diseased vesical membane and frequently have a disastrous action on the digestion of the patient, and are often the cause of albuminuria and chronic parenchymatous nephritis.

"Since the advent of bacteriology, the employment of drugs in surgical diseases is becoming more limited.

"Nowhere is this fact more conspicuous than in the treatment of catarrhal inflammation of the stomach and bladder. In gastritis and cystitis the leading principle of treatment is the arrest of fermentation and the pathological legions induced by fermentation. This is best accomplished by means of irrigation with antifermentative solutions. A necessary condition of treatment is rest; not only of the whole body, but also of the organ affected. Although organic rest is not feasible in cystitis, yet by having the patient assume the recumbent position, the pressure of the superimposed viscera is removed, traction from cicatricial bands is relieved and the bladder free to rise in the pelvis. In irrigation of a diseased bladder, absolute cleanliness is the key to success. The following instruments will be required: A new No. 10 soft rubber velvet eye catheter, to be kept in glass-stoppered salt-mouth bottle, containing a 1-1000 solution of mercuric chloride, a fountain syringe and an antiseptic powder of boric acid ℥i, sodium biborate ℥iv in sodium chlorate ℥ii, kept in a clean glass jar and sterilized water, using a teaspoonful of the powder to a pint of warm sterilized water. No other antiseptic tried gave satisfaction. Carbolic acid, Permanganate of potassa, murcuric chloride, were tried, but were badly tolerated even in the weakest solution.

"Where a tonic astringent is needed, a solution of nitrate silver, one-eighth to one-half grain to the ounce every second or third day, or sulphate of zinc or lead. As to the amount of antiseptic solution, the comfort of the patient may be safely taken as a guide.

"In cases where decomposition is prominent, there exists little saccules in the mucous membrane where erosion has occurred from the presence of bacteria, triple phosphates and purulent debris. These pockets can never be reached and cleansed unless the mucous membrane be gently unfolded and spread out by producing gentle pressure by the irrigation in order to eliminate these foci of fermentation which cause and perpetuate the cystitis."

To empty a distended bladder at once is to expose the patient to the dangers of vesical hemorrhage.

---

THE long-continued use of iron in large or small doses is injurious. It interferes finally with the function of the acid glands. The way in which iron improves the quality of the blood is probably by promoting the appetite and digestion. There is but a small quantity taken into the systemic circulation. As an appetizer and general blood tonic in cases of anæmia there are none of the chalybeates superior to the tincture of the chloride. The reduced iron is probably the best form (least objectionable), but the sulphuretted and phosphorated eructations following its use are very disagreeable.

---

THE new pension board consists of Dr. L. Y. Grubbs, president; Dr. C. A. McGuire, secretary; Dr. Reid Alexander, treasurer. There is not a stronger board in the state. The government in these gentlemen is well represented, and the old soldiers will be justly dealt with.

# Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

DR. W. E. McVEY, PUBLISHER,
723 Kansas Avenue.



Editor-in-Chief:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
Associates:
W. L. SCHENCK, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
D. F. RODGERS, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.
J. P. LEWIS, M.D., Topeka, Kas.
W. E. McVEY, B.S., M.D., Topeka, Kas.


**Topeka, Kansas, Saturday, February 10, 1894.**

## The Other Side.

Last week we gave some comments on the prescription vice from the physician's standpoint. There are two sides to every question, and when we can we propose to give both sides.

The druggists complain that whereas years ago a physician's prescription required the massing together, compounding or triturating of a number of drugs, and the making of numerous pills or powders, now the majority of physicians write for compounds already made, pills of certain formulæ already prepared and sugar-coated; or, in other words, the physicians are led by the suggestions of the pharmaceutical firms, who prepare prescriptions of common use in palatable forms for dispensing purposes, to prescribe these preparations in preference to having their druggist do the compounding. This undoubtedly lessens the work of the druggist and perhaps his profits.

But let us see if there is a reason for this. In the first place many of these compounds are much more elegant to both taste and sight than it would be possible for the druggist to make them. They are always prepared in the same way, in the same vehicle and in the same proportions.

We have all had occasion to explain to our patients the reason for the slightly different color of a refilled prescription or quiet their alarm at a slightly different taste. These little discrepancies in what should be exactly the same thing often do much to weaken the confidence both in the medicine and the doctor. More apparent differences, however, are noticed in prescriptions for capsules. The size of the capsule used will often depend upon whether the drug be used dry or *en masse*. On having the prescription refilled, the druggist may have forgotten how it was put up at first, and the result is a woeful complaint from our patient.

The druggist is as much at fault for the number of pharmaceutical preparations dispensed as the physician. The majority of them are prepared by the wholesale firms from whom he buys his drugs. They are presented to the physician in most cases by the same salesman from whom he buys his stock.

We are aware of the fact that it has become a ponderous business, and druggists are expected to keep an immense assortment of various preparation, many of which they have very little demand for.

There are no two callings more intimately related than pharmacy and medicine. There should be no strained relations between these most vital of all interests.

---

DR. M. B. WARD left last Monday for Old Mexico, where he expects to remain a few weeks recuperating. The doctor is now much improved in health, but feels the need of rest.

### Infidelity in Medicine.

Your editorial in a recent number of the JOURNAL struck me rather forcibly, but left an impression that the writer, while honest in his views, had left unsaid that which was uppermost in his mind, and which, by careful observation, he knew to be true. All of us who have been actively engaged in the practice of medicine for any number of years can testify to the truthfulness of Dr. Holmes, who said that "Whereas in early practice we had twenty remedies for one disease, in later years we had one remedy for twenty, yea, one hundred diseases". Who among the older practitioners can say that outside of the domain of surgery any material advancement has been made except in the elegance of pharmaceutical preparations over twenty years ago? Have we by the introduction of the newer antipyretics or any of the analgesics lessened the duration or the severity of pneumonia or abated the fevers so common in this locality? What gave better results in the recent epidemics of la grippe than quinine, whisky and bromide of potassa? What yields better results in the tardy convalescence than strychnine? N. S. Davis said the best remedy for croup was ipech squills and tolu, and those who have tried it know that it gives better results than the newer remedies so loudly vaunted. You noticed that your competitor, the homeopath, had as good success in the treatment of la grippe as you, and that the eclectic was giving you a close second, and the christian scientist was neck and neck in the race. Now who is in the right or who can say that the diseases would not have been the same *had none been called?* One man places ice on the chest of a pneumonia patient, another insists on oil-meal jackets as hot as can be borne. Both patients recover. Who was right, or would both recovered had no attendant been called? There is a great deal of truth in the remark made by Dr. Andrews, when he said: "To know how to doctor people as well as disease is the chief element of a successful practitioner;" and what happy results have been obtained from a "placebo" or a few powders of sac. lac. and morphine.

Your editorial was good, but not enough, and in another paper I will give you more evidence of this truth.

MEDICO.

The suggestions of "Medico" embody the very strongest points in substantiation of our argument. Our lack of success in the treatment of many diseases depends upon our want of accurate knowledge of the three essential sciences — physiology, pathology and chemistry. If we had a definite knowledge of the pathology of la grippe and were well grounded in the physiological and chemical action of drugs, would not our treatment then be based upon scientific principles and the probabilities of a cure more certain? Progress in medicine can never be developed upon mere chance; it must depend upon intelligent investigation in the elements of the allied sciences. The far-reaching possibilities of the future knowledge are well presented in some remarks by Harrison in the *Fortnightly Review* upon the following quotations from Huxley:

"Ethical nature may count upon having to reckon with a tenacity and powerful enemy as long as the world lasts. But, on the other hand, I see no limit to the extent to which intelligence and will, guided by sound principles of investigation, and organized in common effort, may modify the conditions of existence, for a period longer than that now covered by history. And much may be done to change the nature of man himself. The intelligence which has converted the brother of the wolf into the faithful guardian of the flock ought to be able to do something to curb the instincts of savagery in civilized men."

'This is the strong, true ethics of evolution. And can any prospect of the future be more inspiring? As we conceive the kingdom of man securing its foundation century after century — making the vast wastes and jungles of the planet wholesome and pleasant to man — restoring and cherishing the forests and flora, protecting and wisely breeding the useful fauna, perhaps exter-

minating the poisonous and noxious—preserving the *phocide cetacea*, many of the pachyderms and the rodents which are now delivered over to wanton "sport"—systematically annihilating all preventible disease, till our zymotic diseases become scandalous, making all labor, through the efforts of science and humanity, a pleasant exercise—making our towns beautiful, healthful and organic—restoring the charm of family, until the test of civilization comes to be the perfection of the home—making war impossible—making education common and equal in all citizens—the more advanced nations becoming the elder brethren and guides of the backward nations—until we reach the day when all nations of the earth have one and the same religion, and that religion has no other basis but science, and no other aim but to make man's life on earth noble and happy—when we conceive all this we may regard the civilization of man as hardly yet begun, and the thousand centuries of the past as but the prologue to man's real career.'

---

THE lithium salts are said to be better alkalinizing remedies than the others of the alkaline groups. They render the urine more alkaline, and in the lithæmic acid diathesis they hold the uric acid in solution and its elimination is favored. Some cases are reported where the lithium salts (carbonate and citrate are preferable) have dissolved uric acid calculi. In rheumatism and dyspepsia of fleshy persons these salts are efficient.

---

THE Topeka Academy of Medicine and Surgery will meet in A. O. U. W. Parlors, 723 Kansas avenue, Monday evening, February 12. A paper entitled "Some Points on the Necessity for Color-Blind Examinations Among Railway Employes" will be presented by Dr. G. A. Wall, and a paper entitled "A Plea for Successful Surgery in Private Practice," by Dr. S. E. Sheldon.

WE are pleased to see the interest the city physician, Dr. Hibben, is taking in the sanitation of Topeka. He is also elevating the standard of medicine in the eyes of the public. From thirty-five dollars a month, formerly paid to the city physician, through his efforts the salary has been raised to seventy-five dollars a month. Formerly the dog pelter and the city physician were on an equal footing, with the chances largely in favor of the former. For Mr. Dog Pelter would catch the dogs, get his bounty, take them off to the edge of the city to kill them, but accidentally, on purpose, let them loose, and in due time catch them again and get his bounty repeated.

So far as the doctor is concerned this is just as it should be. A man, professional or otherwise, will never get more than he asks. He will get what he asks if he merits it. If a man is worthy, he knows it, and it makes him brave. He is not afraid to look his fellow-man squarely in the eyes and tell him what his rights are, what his services are worth. When done in this kind, firm, positive manner, the good sense of the public accedes to his reasonable demands, and the man maintains his own self-respect and manhood, and elevates himself in the opinion of his fellow-man.

---

WE will consider it a favor if secretaries of medical societies will send us a notice of their meetings at least a week beforehand. There are many physicians in the state who would like to attend more of the societies if they could ascertain beforehand when and where they will be held. The JOURNAL desires to give its readers all the information in this regard that can be had, but must depend in a great measure on the kindness of secretaries.

---

WE are pleased to see that Dr. Grubbs, who has been so seriously ill, is able to be at work again.

## "Doc.," the Corner Druggist.

Whether it is because of the financial stringency through which we are passing, or whether other influences are being felt, there appears just now to be a decided increase in the amount of medical knowledge demanded and furnished in the drug store. This does not apply alone to the smaller stores in crowded districts, nor to the druggist in the country, where often "Doc." has a well-earned diploma to back up his possession of the title, and his right to prescribe as well as to dispense.

Considering the pleasant business and social relationship habitually maintained between doctor and druggist in this city, it is the more to be regretted that duty requires us to make a vigorous protest against what appears to be a growing tendency on the part of some apothecaries, even in the best portions of this city, to usurp the prerogatives of the properly-qualified medical adviser. The physician can have no better friend and ally than the honest dispenser of his prescribed remedies, and by reason of the security and satisfaction he has in the belief that pure drugs, accurately weighed and skilfully combined, will be delivered on his written order, he feels that he is indebted to the extent of a certain amount of moral and financial support.

The appreciation, on the physician's part, of this conscientious co-operation may be shown in many ways, and the prosperity of this or that pharmacy can often be clearly traced to practitioners who have given it their support and commendation. When dishonesty enters the druggist's door, enmity must replace the doctor's friendliness.

Acting the part of the physician is one form of dishonesty, and a bad one. The druggist without a medical diploma has no more right to heal the sick than any other irregular or quack. Perhaps it is because we have done so much to rid the city of the latter undesirable class that the druggist finds his field of would-be usefulness increasing.

The habit of calling upon "Doc." for advice in "slight ailments" gradually leads to weighty trans-counter consultations and examinations in the back room, to say nothing of the minor surgery practiced, and indeed urinary analysis made in some accommodating shops. When the financial loss to the physician from all this is taken into consideration, together with the injustice done him in having his successful prescriptions passed along for the benefit of "similarly affected," and the injurious results arising from the unauthorized refilling of prescriptions, one must needs wonder that no decided stand in self-defence has been taken. To be sure, the increasing use of tablets has dealt the druggist, as well as the homeopathist, a staggering blow, and in some instances the doctor's office has been stocked with remedies in convenient form from motives of self-protection. Whatever falling off there may have been in the prescription department from this growing custom, which is much a matter of individual taste and expediency, it in nowise excuses the apothecary for turning doctor unless he does it in the good old way, in which event we will welcome him with encircling arms. Just as is the dispensary question, it is against the abuse, and not against the institution, that weapons must be taken up. The pharmacy is a necessity, the honest pharmacist a blessing. Let us hope that moral suasion will be the only weapon needed to bring "Doc., the prescriber" back where he belongs, in the ranks of a most honorable body.—*Medical Record.*

---

DRS. MINNEY & MAGEE have removed to 712 Kansas avenue. They occupy the whole floor, 25 x 100 feet, which has been fitted up in rooms for their especial use.

---

DR. J. W. DONALDSON spent Sunday in the city on his way back from Florida to Los Cerillos.

## The Treatment of Uterine Fibroids.

Dr. Augustin H. Goelet, in a paper read before the New York County Medical Association (*American Medico-Surgical Bulletin*, January 1, 1894) makes a complete review of the subject. He says the important question which arises in dealing with these growths is, When is interference demanded and what treatment is indicated? A careful review of the literature of the subject, and the opinion of those who are entitled to be regarded as speaking authoritively, leads to the conclusion that the majority do not regard the removal of these tumors indicated unless they give rise to sufficient inconvenience to warrant the risk of the operation and the mutilation which it involves; that the mortality attending their removal is still too great, even in the hands of expert operators, to warrant its being lightly undertaken. If, then, it is possible to relieve the symptoms caused by these growths, the actual necessity for operative interference is narrowed down to a very small field.

The writer does not agree with certain ultra-gynecologists that these tumors should all be removed when they are small and cause no inconvenience, but he strongly urges that they should be submitted to treatment in this stage, because treatment yields the best results when the tumor is small and of recent growth. The indications for the different methods usually employed are carefully reviewed—electricity, curettement, hysterectomy and removal of the appendages.

Of electricity he says that frequently a symptomatic cure is all that may be anticipated. The results that may be obtained by this method are classified as follows:

1. Cure of co-existing endometritis.
2. Loosening of adhesions between contiguous peritoneal surfaces.
3. Relief of pain and pressure symptoms.
4. Control of hemorrhage.
5. Arrest and some retrogression of the growth.

The writer takes a bold stand in favor of the vaginal puncture, believing it to be perfectly safe if properly done and strict asepsis is observed; that is, if as much care is taken with this as with other grave surgical procedures. He believes that more success would have followed the use of this agent if puncture had not been abandoned as a hazardous measure. He believes likewise that it is important to discriminate in the choice of the pole to be employed against growths of different structures, just as important, in fact, as in dealing with such growths as warts, moles and nævi upon the external surface of the body. That is, when the structure is hard and fibrous, the negative pole should be selected; and that when it is soft or myomatous, the opposite.

The writer lays stress upon the fact that both subperitoneal and submucous fibroids, when pedunculated, are not amenable to treatment by this agent. He positively declares that though assertions to the contrary have been made in some quarters, the proper use of electricity in these cases does not complicate a subsequent operation for the removal of the tumor; but, on the contrary, its use facilitates the removal of adhesions and produces a marked improvement in the general condition of the patient. In fact, he often employs it for improving the local condition and for building up the health of the patient preparatory to an operation. It has been asserted that the symptoms return after discontinuing treatment, but the writer believes that when this occurs it is either due to a mistaken diagnosis or a faulty technique which may be unavoidable.

Curettement, he thinks, is useful as a preliminary measure, but it does not yield a permanent result. In support of this opinion, attention is directed to the fact that the mucous membrane removed by the curette is rapidly reproduced and the same causes for the hemorrhage which previously existed still remain. For the control of hemorrhage when both these measures fail, he advocates ligation of the uterine arteries *per viginam*, suggested by Martin, of Chicago. He expresses no confidence in ergot alone in these cases, but regards it as a useful aux-

illary in the treatment of certain submucous and soft interstitial myomata when it is desirable to excite uterine contraction.

Goelet believes that the principle indication for hysterectomy is to be found in large subperitoneal and very large and hard and interstitial growths which yield little, if at all, to any form of treatment. In these cases, even if the symptoms are relieved, their size is usually a source of so much inconvenience as to warrant the risk of their removal. This operation would also be indicated where treatment fails to permanently control the symptoms, when the tumor is situated unfavorably for treatment and when complicated by disease of the appendages.

Removal of the appendages for the purpose of inducing an artificial menopause, which may exert a favorable influence upon the tumor is not regarded favorably. In his experience, as well as that of others, it is productive of very little good, and he strongly urges that when the abdomen has been opened you should not stop short of removal of the whole tumor unless it is impossible to separate it from its attachments.

---

WHEN giving any form of ammonia, all acid drinks and fruits should be prohibited. Potter says: "In doses of five grains each, administered hypodermically in the vicinity of wounds caused by poisoned arrows, the carbonate was repeatedly used by Stanley's surgeons in Africa with entire success in saving life when so employed immediately after injury. Those so wounded at too great a distance to receive this treatment invariably died within a short period of time."

---

TO BRING a drunk man to his senses there is nothing better than thirty grains of the chloride of ammonia in a fourth to a half pint of water, taken at one dose, This applies outside of Kansas.

## A New Operative Procedure for Relief of Enlargement of the Prostate Gland.

In a very comprehensive study of the present position of the surgery of the hypertrophied prostate, published in the *Annals of Surgery*, August, 1893, and abstracted by the *British Medical Journal* for September 9, 1893, J. William White proposes removal of the testicles as a possible means of causing involution of prostatic overgrowth.

With the idea of determining what effect this operation has upon the development of the prostate, White had a series of experiments on dogs conducted by Kirby, the results of which showed beyond all doubt that castration was promptly and invariably followed by atrophy first of the glandular and then of the muscular elements of the prostate, and that there was consequently a coincident reduction in both bulk and weight.

Griffith, in a paper antedating White's, but which was not seen by the latter till his laboratory work was completed, obtained similar results, and cited post-mortem examinations which showed that castration in man exerted a powerful effect on the nutrition of the prostate.

He quotes Hunter, who observed that the prostate of the perfect bull was soft and bulky, while that of the castrated animal was hard and ligamentous. Griffith made an autopsy on two dogs and two cats which had been castrated years before, not for experimental purposes. In all of these animals the prostate had been transformed into a mass of fibrous connective tissue containing the remnants of gland tubules and a few atrophied muscle fibers. The pig, bullock, sheep and horse, after castration, exhibited similar changes in the prostate.

Gruber and Bilharz showed that castration in men is followed by similar changes in the prostate.

As to the possibility of employing castration as a therapeutic method in prostatic hypertrophy, White holds that the final answer to this question must be left to the patients. The proposition to thus treat prostatic hypertrophy is so novel as to be

startling, though on a careful review of the question it seems quite as reasonable as it was at one time, for instance, to suppose that ovariotomy would exert a marked influence on uterine fibroids. Indeed, White states that "if we can promise equivalent results there will be no lack of cases willing to submit to an operation almost painless, with low mortality, and accompanied by no such unpleasant conditions as follow fistulous tracts, either suprapubic or perineal, even though the operation carries with it the certainty of sacrificing whatever sexual power has survived the excessive and often intolerable sufferings of such patients."

Mansell Mouillin, in commenting upon this new proposition, freely accepts the teachings of experimental work and of post-mortem examinations upon the human as showing the relation between the testicle and prostate, but holds that what is now wanted is definite information as to the effect of castration upon the prostate when it is becoming abnormally large in old age.

Reginald Harrison makes an imperfect contribution to knowledge in this direction by reporting a case upon which he operated some years ago. This was never published until White's paper brought the subject into prominence.

Harrison was consulted by a patient having a large prostate, for the cure of which the patient desired castration. This patient was familiar with Hunter's experiments and with cases in surgery which seemed to support the theory that castration might modify the prostatic overgrowth. Harrison refused to perform castration, but disconnected the testes and the prostate by subcutaneous division of the vasa deferentia immediately below the external abdominal ring. The patient experienced benefit from the operation and was living some years afterwards.

Finally, Griffith quotes Rocum as having performed bilateral castration in two cases for the purpose of favorably affecting an enlargement of the prostate. The first patient operated on was seventy-three years old. There was perceptible diminution in the size of the enlarged gland in three days. Instead of being compelled to micturate hourly, the patient was required to pass his water only three or four times during the day and twice during the night. Similar results were obtained in the second case. Rocum's communication was simply preliminary, and was probably in consequence of White's suggestion, since it appeared more than a month after his article.

As to whether or not castration will become a rocognized therapeutic measure in the treatment of enlarged prostate, the answer can only come from clinical experience of cases. This experience will undoubtedly be forthcoming, but to be conclusive must embrace more than two or three, or even more than twenty or thirty, cases. It is quite certain that the method will not be applicable to all cases. It is readily conceivable that if it is applied in but few cases, those least likely to be benefited by it might be chosen. It is quite possible that it will not be beneficial in any cases. It seems reasonable to suppose, however that it will be found serviceable in certain forms of prostatic growth, to be determined by clinical experience, and that it may become a recognized method of treatment. If it affords us a means of curing or even relieving a small percentage of prostatics, it will be quickly accepted both by surgeons and patients, since, in marked contrast to prostatectomy, it is an operation easily performed and attended with practically no mortality.

Moreover, as has been clearly pointed out, the sacrifice of the testicles will be rarely required till the time of life is reached when these glands are functionless.—*Therapeutic Gazette.*

---

I WISH to recommend Guaiacoline prepared by the Kaw Pharmacal Co., and have in some six cases seen my patients recover after the use of other remedies failed.

DR. R. M. MCDONALD,
Eskridge, Kansas.

## A Case of Quinine Poisoning.

BY ISHAM G. HARRIS, M.D., POUGHKEEPSIE, NEW YORK.

From the Medical Record.]

X. L——, aged twenty-six, widow, American; occupation, nurse; habits and previous health, good. No hereditary history of neurosis or idiosyncrasies, so far as can be learned.

January 15, 1892, patient complained of the following symptoms: Slight headache, nausea and a feeling of tiredness, with spots before the eyes, and inclined to constipation; bad taste in the mouth and the tongue slightly coated. Appetite and digestive functions fairly good. Patient had also experienced slight chilly sensations up and down the back. At 4 P. M., was given two grains quinine in pill form. In about twenty minutes after taking, patient began to feel a slight tingling or prickling sensation in the ends of the fingers and toes, which gradually extended up the extremities. A few minutes later this feeling extended over the whole body, and there was sneezing, profuse lachrymation, coryza, roaring in the head, itching of the body, congestion of the conjunctiva, face swollen and flushed, and also swelling of the tongue and lips. About three hours after taking the quinine there appeared over the body, from head to foot, a very intense red rash, scarlatinal in appearance, with an aggravation of all other symptoms—the itching being almost unbearable. The rash did not appear to be elevated at any place except on the back and shoulders, and at those places it exhibited a measley form, the elevations being as large as a pin-head. Temperature was not measured, but it was apparently elevated. The heart's action was at first stimulated and later depressed. Respiratory movements slightly increased, and the patient was very restless. About 10 P. M. patient began to have a menstrual flow (nine days since catamenial period, and catamenia have been regular), but this stopped during the night. At 10:30 the acute symptoms began to abate. At 2 A. M. (the same night) patient was more comfortable, the rash disappearing, but there was severe headache, some hebetude, and an "indescribable, peculiar feeling" in the lungs with a good deal of restlessness. Given bromide potash, grains twenty, and chloral hydrate, grains ten. This did not give any rest, and the prescription was repeated. When the symptoms were most pronounced, free diuresis was produced and stimulants given.

January 16.—At 8 A. M. all symptoms of quinine poisoning had disappeared except a slight roaring in the head. In the afternoon patient was up and feeling fairly well. Toward evening, however, began to menstruate again, and on the morning of the 17th she had lost so great an amount of blood that she fainted on two different occasions while attempting to raise herself. As soon as this condition was known, patient was given fluid extract ergot, one dram, with directions to give one-half dram every four hours until all hemorrhage was fully controlled. Quiet and rest in bed were enforced. There was acute pain in abdomen with all this trouble. Patient remained in bed all of the 18th and 19th. On the 20th she was up, notwithstanding a slight menstrual flow. No further untoward symptoms developed.

Patient states that she has suffered from quinine poisoning on other occasions—once from two grains of the bisulphate and once from a five-grain dose of the sulphate. It appears that the two-grain dose of the bisulphate produced symptoms almost as severe as those above mentioned.

For a history of the attack caused by the five-grain dose, I am indebted to Dr. W. L. Burrage, of Boston, and by his kind permission I subjoin the notes made in her case at that time.

"February 17, 1889.—Patient about her duties, but complained of being somewhat tired; with the exception of headache is in perfect health. No indiscretion of diet. At 8 P. M. took a five-grain capsule of quinine for headache. On previous occasions had taken repeated small doses of this drug

(four grains at a time) for malaria, and had suffered from singing in the ears, not marked, and from tingling sensations in the hands and feet. In half an hour after taking the five-grain capsule, patient began to have swelling of the tongue, lips and face, and tingling of the hands and arms. Symptoms increased in severity, and at 11 P. M. she was very restless and complained of a burning sensation all over the body. Was given a small dose of aromatic spirits of ammonia and antipyrine, and a little later five grains of chloral and thirty grains bromide of potash. Unable to sleep. I was called to see her at 1:30 A. M. She was then tossing about in bed, pupils widely dilated, tongue thick, lids swollen, eyelids and conjunctiva swollen and injected. There was a diffuse, bright scarlet, punctate eruption, covering the entire surface of the body, face, neck and limbs. She complained of burning, prickling and itching. In a few minutes she was seized with a violent pain in the abdomen and vomited freely at about 1:45 A. M., with much relief. When seen a few moments later, the eruption had entirely disappeared. According to the account of the nurse in attendance the eruption reappeared in about fifteen minutes. Was given chloral, fifteen grains, and body and limbs rubbed with zinc oxide, one-half ounce; acid carbolic, two drams; liq. calcis, one pint. Itching and scratching, before uncontrollable, now stopped. Began to have a menstrual flow (ceased menstruation a week ago, catamenia always regular). Soon fell asleep and slept until morning.

"To-day, February 18th, feels well in every way, no vestige of eruption; a few excoriations on the shoulders and arms.

"February 19.—On duty to-day. Has ceased menstruating, feels well, except that her joints are sore."

---

TEACHER.—"How many scruples are there in a dram?"

Dick Hicks.—"Supposed to be three, but most druggists sell 'em without any."

I HAVE used PEACOCK'S BROMIDES in four cases of epilepsy, and it is only fair for me to state that I have had good results in each case. In three of these cases there were no attacks at all while the medicine was used, although they had been frequent and severe in spite of the exhibition of the ordinary bromide salts. I say while it was because I have had difficulty in convincing some patients that they were not entirely cured after using one bottle, but where I have been able to have them continue the treatment for a reasonable time after the disappearance of the fits, there has been no return of them even after the medicine was stopped. CHAS. C. JOHNSON, M.D.,
Columbia, S. C.

---

CACTINA, the active principle of the Cactus grandiflora, has been lately used with much success as a cardiac tonic. It has been found especially valuable in cases of functional disorders of the heart, and produces good results in cardiac dilatation, with anasarca, with or without valvular disease, when digitalis and other drugs have failed. It has no tendency to produce gastric disturbance, and in this respect it has a decided advantage over digitalis. The drug has been put up as CACTINA PILLETS by the Sultan Drug Co., of St. Louis, and their agents in this country have sent us a sample to test their efficacy. The production is decidedly a pharmacal triumph, and their form lend themselves most conveniently to administration. Each pillet contains a hundredth of a grain of Cactina, and have been able to test the value of them in several cases, we have found them most reliable and efficacious, and are glad to give them a word of commendation.—*Medical Press*, London, England.

---

"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.—*New Idea.*